



# **Nurse Delegation Program**

## **Administrative Guidance For The Medication Assistance Certification (MAC) Program**

*For Programs Providing  
Mental Retardation Services*

# **MANUAL 5.1**

Alabama Department of Mental Health and Mental Retardation

[www.mh.alabama.gov](http://www.mh.alabama.gov)

January 18, 2007

# **NURSE DELEGATION PROGRAM (NDP 5.1)**

**Yvonne Higdon, MSN, CRNP**

Clinical Nurse Consultant

Dementia Education and Training

Alabama Department of Mental Health and Mental Retardation

**Richard E. Powers, MD**

Medical Director

Alabama Department of Mental Health and Mental Retardation

**NDP Advisory Board**



# Administrative Guidance For Programs That Serve Persons With Mental Retardation

## *For Mental Retardation Programs*

### Table of Contents

SECTION	SUBJECT	PAGE(S)
	Introduction	1
	Understanding the Nurse Delegation Program that Serves Persons with Mental Retardation	
1	A Brief Description Of The Community Residential System Certified By The Alabama Department Of Mental Health And Mental Retardation	3
2	Goals Of The Program For Persons With Mental Retardation	5
3	Selection Of A Resident For MAC Services	7
4	Guidance Provided To Mental Retardation Residential Facilities On Determination Self-Medication	9
5	Guidance To The Medication Administration Supervising (MAS) Nursing Staff On The Medication Administration Certification (MAC) Educational Program For Persons With Mental Retardation	13
6	Selection Of Candidates For MAC Training By The MAS Nursing Staff	17
7	Instructions For Licensed Professionals On Management Of The MAR And Medication Errors	19

8	Instructions To The MAS Staff On Dealing With Administrative Changes In A Resident	21
9	Understanding Dispensing And Administration Of Medications	25
10	Monitoring Medication Side Effects	27
11	The Resident and Family Caregiver's Rights and Responsibilities	29
12	Appendices	31

## **INTRODUCTION**

### **UNDERSTANDING THE NURSE DELEGATION PROGRAM THAT SERVES PERSONS WITH MENTAL RETARDATION**

The Medication Assistance Certification Program for the Alabama Department of Mental Health and Mental Retardation (DMH/MR) applies to all facilities that are certified by that Alabama Department of Mental Health and Mental Retardation to provide assistance to individuals with serious mental illness, mental retardation or substance abuse. This handbook applies to all facilities that serve persons with mental retardation. Many residents with mental retardation are not capable of medication self administration. These persons depend on others to provide medicine and monitor for side effects. The Nurse Delegation Program (NDP) is designed to assure that all residents who reside within facilities certified by DMH/MR receive appropriate medical care. This program contains four components: 1) administrative guidance on the structure of the NDP program, 2) educational programming for both the medication assistance supervising nurses (MAS nurse) and medication assistance certified staff (MAC staff), 3) quality assurance monitoring at the facility level, and 4) quality assurance review by the Alabama Department of Mental Health and Mental Retardation as well as the Alabama Board of Nursing (BON).

The NDP program is designed to assure that all facilities certified by DMH/MR are compliant with the BON regulations on the administration of medications. The goal of the NDP system is to assure safe, available, effective medication management to all individuals who reside in residential facilities while maximizing flexibility for optimal choice of residential location. The NDP program is designed to respect the rights and autonomy of individual residents while at the same time providing guidance to licensed nursing staff and non-licensed direct care professionals who operate under the direction of this program.

The NDP program is designed to minimize risks for medication administration errors in a variety of residential settings that serve persons with mental retardation. Medication administration errors may occur in all treatment facilities including hospitals, nursing homes, pharmacies, and others. This program is designed to reduce the risk for errors, identify mistakes that occur, and reduce the risk of further problems. This specific program is designed to allow non-licensed healthcare workers to assist licensed professionals in the distribution of medications to individuals who are unable to medicate by themselves. As an exception to the Alabama Nurse Practice Act, Medication Assistance Supervising Nurses (MASRN/LPN) are authorized by Alabama BON regulations to delegate assistance responsibility to non-licensed staff.

The individual residential program operator assures that the program is properly managed through adequate staffing, training and oversight. Family caregivers or guardians are informed about the medication assistance certification program. Compliance issues may be presented to the Division of Mental Retardation Services of the Alabama DMH/MR.





## SECTION 1

### **A BRIEF DESCRIPTION OF THE COMMUNITY RESIDENTIAL SYSTEM CONTRACTED BY THE ALABAMA DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION**

#### **1.1. Programs and Principles that Apply to All Community Programs Certified by DMHMR**

The Department of Mental Health and Mental Retardation (DMHMR) is organized into three clinical divisions: Mental Illness, Mental Retardation, and Substance Abuse. Each division has a chain of command that answers to the DMHMR Commissioner. Community Programs, while certified by the DMHMR are independent entities from the Department. These may be private organizations, or local boards created pursuant to Alabama Act 310 (1967) (Alabama Code, Title 22-51-1et seq.). The mental retardation division is managed by the Associate Commissioner for Mental Retardation.

The Department leadership has studied the implications of the Nurse Practices Act and its implementing regulations pertaining to nurse delegation of medication administration. We recognize that programs regulated by each of the three divisions of the Department will be affected differently by this regulatory structure. Although the Department has unified management through the Commissioner's Office; each division has a different mission, quality assurance procedures, and service populations that will require individualized approaches to implementation of the new regulation. Certain features are consistent across divisions. None of the divisions own or operate community residential centers or group homes. Each of the divisions uses a variety of vendors to provide these services. All of the divisions exercise regulatory control over the vendors that provide services within the system. None of the divisions hires, trains, or directly supervises workers within the community residential facilities. All of the divisions require specific, regular monitoring and reporting on issues that pertain to resident safety and quality of care.

All of the divisions in ADMHMR have provided administrative support and educational input into developing the delegation program. Each of the divisions conducts their NDP educational programs using methods specific to their workforce; however, all of the programs will use the same basic content material that is approved by the BON. Oversight of the program will be conducted through the Commissioner's Office and the Office of the Medical Director but management occurs at the divisional level. The number of available or occupied beds within each system fluctuates on a daily basis and the number of group homes varies according to the needs of citizens and available financial resources. All of the group homes are monitored by consumer advocates who meet with the residents on an individual basis to assure safe humane treatment. All residents have access to Department advocacy and help lines. An external federally funded group, the Alabama Disability Advocacy Program (ADAP), monitors all residential programs and these advocates provide a redundant system that further assures the rights and safety of our consumers.

#### **1.2. PROGRAMS AND PRINCIPLES UNIQUE TO EACH DIVISION**

##### **1.21. Residential Programs for Persons with Mental Retardation**

The Mental Retardation Division contracts with community agencies which operate approximately 1200 sites where approximately 5,000 citizens receive services. These

individual agencies are regulated through the Alabama Administrative Code with specific departmental regulations that define quality of care. The operational assumption is that persons with intellectual disability are generally not capable of self-administering medications. Specific monitoring of medication errors and adverse events is conducted at the local level, at the regional offices and within Central Office in Montgomery. The Division of Mental Retardation Services (DMRS) divides the state into five regions where ADMHMR staffs, including caseworkers and Registered Nurses, oversee quality of care in the community group homes located in those regional catchment areas. The Community residences are home-like environments usually serving three to six individuals with staff that have often cared for these individuals for many years and with frequent visits from families who often live within close proximity to the individual. The family members of individuals with cognitive disabilities are represented through advocacy organizations such as the Arc (formerly Association for Retarded Citizens) which champion the cause of autonomy and self-determination for the residents and the families. This advocacy is in addition to Department advocates and ADAP monitoring.

#### **1.22. Residential Programs for Persons with Serious Mental Illness**

The Mental Illness Division provides funding and limited regulatory oversight for approximately 2,000 beds in 200 facilities that are scattered throughout the state. Some beds are under the management of the local mental health center and their 310-Board while others are provided by private vendors on a contractual basis. The majority of residents within mental illness residential facilities are capable of self-administration for medication. Community programs certified by the DMH/MR operate a smaller number of secure residential facilities for individuals experiencing acute destabilization.

Most mental illness group homes secure the resident's medications and require the individuals to present themselves for self-administration of medications. Medication adherence is an integral part of the psychosocial recovery process for persons with serious mental illness. Staff use these interactions as a teaching intervention. Some residential programs have RN's or LPN's administer all medications.

#### **1.23. Residential Programs for Persons with Substance Abuse**

The Substance Abuse Division provides funding and regulatory oversight for approximately 600 beds of which approximately 60 are designated for adolescents. The mission of substance abuse residential facilities is recovery from addiction and these individuals often self-medicate using a system similar to that in the Mental Illness Division. Adolescent residents utilize supervised administration by licensed staff.

## **SECTION 2**

### **GOALS OF THE NDP PROGRAM**

The goals of the program include safety, quality, professionalism, and cost-efficiency. In many areas of Alabama, there are inadequate numbers of nursing professionals to provide direct care to all residents. National nursing organizations now endorse the use of delegation procedures and many other states now use a similar system. The Alabama DMH/MR and the Alabama BON have devised a plan to assure that individuals with mental retardation are able to reside in the community and home like environments while having their support needs met.

The first goal of this plan is resident safety. The educational program and the administrative limitations placed on MAC workers are designed to assure that safety. Medication mistakes can occur in any system and mistakes are committed by all levels of professionals. This program is designed to reduce the likelihood that such mistakes will occur in facilities caring for persons with mental retardation because these individuals are usually unable to protect themselves against medication administration errors.

The second goal of this program is quality through knowledge of staff and supervision of licensed professionals. The background knowledge about common health problems will enhance the MAC worker's ability to monitor residents and encourage healthy lifestyles, such as exercise and proper nutrition.

The third component of this program is professionalism in the MAC workers who will receive excellent education and achieve sufficient knowledge to promote a sense of professional expectations in their work.

The final aspect of this program is availability. Persons with intellectual disability wish to reside in homes close to their family. This program minimizes the likelihood that insufficient staffing will cause persons with mental retardation to reside at greater distances from their family caregivers or become institutionalized to obtain needed supports.



## SECTION 3

### SELECTION OF A RESIDENT FOR MAC SERVICES

The MAS-RN will select appropriate individuals within a group home for MAC services. A resident should need assistance with medications that are adequately met by the MAC worker for safe, effective care. Patients with highly complicated medication regimens or those who require adjustments based on daily assessments are not candidates for MAC care. Individuals with skilled medical needs must receive skilled services from the licensed staff although the MAC staff may assist with other medication services.

#### **3.1. Skilled Medical Needs that must be Managed by a Licensed Nurse**

1. All injectable medication prescribed for routine or as needed acute or chronic illnesses.
2. PEG tube feedings and PEG care.
3. Wound care requiring sterile technique or other skilled interventions.
4. Ostomy care beyond routine changing of bags.
5. All forms of catheterization, insertion or removal.
6. All vaginal suppositories.
7. All routine rectal suppositories.
8. Tracheostomy care.
9. Any form of specialized catheter care, such as dialysis shunt, heparin lock, etc.

#### **3.2. Non-skilled Interventions that can be Managed by a MAC Worker**

1. Basic first aid, i.e., dressing simple scratches, bite marks, or other superficial injuries.
2. Epinephrine injectors routinely carried for persons with allergic reactions.
3. Diastat suppositories for status epilepticus (pending approval by BON).

#### **3.3. Rationale for Limitations of Skilled Services**

The Alabama Nurse Practice Act forbids the performance of skilled nursing services by any healthcare professional except a registered nurse or an LPN. Although specific, mechanical tasks such as wound dressing, PEG tube feedings, etc. might be performed by appropriately trained non-licensed staff, the judgment necessary to examine and assess the “skilled” intervention requires skills at the licensed level. For instance, wound care requires that the person who performs the service examines the damaged tissue each time the wound is cleaned and dressed. Injectable medications are limited to licensed persons because of issues surrounding judgment prior to administration of the medication, measurement of appropriate volumes and monitoring for side effects. For instance, an RN or LPN is trained to withhold or adjust insulin for a diabetic who is vomiting and not eating.

#### **3.4. Supervision of MAC Workers**

The facility is responsible to be sure that a Registered Nurse or LPN is available at all times to answer questions from a MAC worker. That on-call nurse does not need to be the professional who certified the MAC worker. The “on-call” nursing professional should have sufficient familiarity with the consumer and the facility to assure advice via the telephone is safe.

Unaffiliated facilities may develop a network for on-call nurse backup for the MAC worker. Management should assure that nurses who are involved with the backup system have completed the MAS training program and are familiar with the consumer who receives services in the facility. For instance, the nurse should be reasonably familiar with management of persons with mental illness if they backing up staff in MI residential facilities.

Facility management should have sufficient depth and flexibility in their program to assure that loss of a licensed professional due to illness, accidents, or administrative changes is covered by other professionals within the organization or the geographical area. MAC workers must have access to backup licensed professionals at all times. The local emergency room cannot be used as a substitute for this service unless there is a structured arrangement and the emergency room nurse is familiar with the residential operation and has achieved MAS status.

## SECTION 4

### **GUIDANCE TO COMMUNITY RESIDENTIAL PROGRAMS SERVING INDIVIDUALS WITH MENTAL RETARDATION ON DETERMINATION OF SELF-MEDICATION**

#### **4.1. Self-administration in the Community Residential Program**

The majority of individuals with mental retardation who reside in DMH/MR certified facilities or who attend certified programs are unable to self-medicate. A small number of individuals with intellectual disabilities may have sufficient cognitive ability to self-medicate. Many group homes for persons with mental retardation serve individuals who are dual-diagnosed and have both mental illness and mental retardation. In some instances, problems in mental illness may exceed those of the cognitive disability. The Department protocol to determine capacity for self-administration should be employed for any person with mental retardation who is described as being capable of self-administering.

#### **4.2. Understanding the Pathways for Admission of Residents with Mental Retardation into the Residential System**

Many residents with mental retardation also have serious mental illnesses. Individuals with mental retardation may enter our community residential programs through multiple avenues including admissions via regional offices, discharges from Partlow Developmental Center or state hospitals, discharges from a private hospitals under the directions of the local community mental health center, discharges from private practice into group homes, discharges from private medical facilities for medical problems, and direct community admissions. Discharges from private psychiatric practices and community admissions are relatively uncommon and can be managed through the regional offices. The determination for the ability to self-medicate for ~~patients~~ consumers originally in state hospitals should be made by the hospital treatment team at time of discharge from the hospital. The treatment team should be familiar with guidance for self-administration as well as the resources available in the individual group homes.

The first step is assurance that consumers meet criteria for self-administration based on physical, sensory, and cognitive abilities. Individuals with severe visual impairment may still be able to self-administer medications based on touch or other skills. Individuals with paralysis or severe neuromuscular impairment are unlikely to be able to self-administer.

#### **4.3. Periodic Reassessment for Self-administration**

The clinical status of patients may change over time. Some long-term residents with mild mental retardation may be re-evaluated on an annual basis by a registered nurse to confirm the fact that these patients are capable of self-administering. Persons with moderate, severe or profound retardation may not require re-evaluation. Some persons with mild mental retardation may learn to self-medicate with training.

Some residents may have serious health problems or new behavioral changes that may alter their ability to self-administer. The clinical management team in the group home is expected to have a mechanism available to assess individuals who have had substantial changes in their physical or cognitive status or in their psychiatric status such that they may be unable to self-administer medications. The standard guidance for self-administration will continue for these individuals. For example, a “self-medicating” consumer develops severe delirium during a

hospitalization. This consumer may not be able to self-medicate on return from the hospital. Over time, the post-operative confusion improves and the consumer can resume self-medication.

**4.4. Documentation of Self-administration Status**

Physical documentation should be available in the record that attests to the fact that the patient has been evaluated for self-administration, including the date of the evaluation and persons involved with this determination. Documentation may be reviewed during the periodic monitoring by ADMHMR.

**4.5. Distinguishing Self-administration and Non-compliance from Medication Assistance**

An individual's medication noncompliance is distinct from his inability to self-administer medications. Many residents with mental retardation exhibit compliance problems. One goal of group home intervention is resident education or training to adhere to prescribed medication regimen. Verbal prompts are acceptable as reminders to take medications if the consumer has knowledge and understanding. These individuals must meet the criteria for medication self-administration. These individuals must handle their own medications both in the loading and in the consumption phase.

**4.6. Medication Security**

Group homes and group living create certain security issues for medications. Some consumers may have the option to maintain their medicines in their room or the staff may choose to maintain medications in a centralized locked facility that is individually identified for the individual. Only the self-medicating individual is permitted to remove or add medications to their medication locker based on guidance from their physician.

**4.7. Assistance with Organization of Medication for Persons who Self-Medicate**

Licensed nursing staff may assist residents who are capable of self-administration with filling their own pill boxes. The medications may be removed from bottles and loaded into weekly planners by the residents as would be performed if the person resided at home as was in need of the assistance of a home health nurse. The nurse is not allowed to pre-fill the container for the patient. The self-medicating resident is required to have control over his medications at all times and these medications are deemed to be in his/her possession. These medications may be stored in a safe area to assure that other individuals do not tamper with the medications; however, the patient will load and self-administer these medications.

The patient may choose to keep certain medications on their person. Medications such as inhalers for lung disease may be essential for normal function and MAC workers may remind residents to use the inhaler, monitor effectiveness, and identify problems with technique.

**4.8. Policy on PRN Medication**

A competent individual who has the capacity to self-medicate may be given those medications, 1) which are in their possession or in the secure medication locker and 2) which have been designated as PRN medications. This function will be similar to that which occurs when the individual resides at home.

The provision of PRN psychotropic medications to persons with intellectual disability is tightly regulated by the federal government. Federal regulations specifically limit the prescription of



PRN medications for psychiatric or behavioral problems in the ICF-MR setting. These medications can be interpreted as chemical restraints.

The provision of PRN medications for persons with intellectual disability is complicated by the consumer's inability to describe symptoms or complications. The BON has limited the administration of over-the-counter preparations to specific circumstances. An exception was made for as-needed pain medications for individuals who have recently had an injury or undergone some form of medical intervention. This exception allows a time-limited administration for identified sources of pain that are expected to diminish over the next period of days or several weeks. The chronic provision of PRN medication for pain is not allowed. Narcotic analgesics have significant potential for medical and psychiatric toxicity and the risk-benefit ratio must be assessed by a licensed staff person.

Massive behavioral outbursts can occur in residential facilities that care for individuals with mental retardation. Each residential facility should have a contingency plan for dealing with such residents and appropriate telephone numbers readily available to the MAC worker.

The administration of a PRN medication requires several components. First, the medication must have clear specific guidelines for the request for administration. Second, the MAC worker must contact the MASRN/LPN and provide information that specifically addresses guidelines for administration. Third, the proper doses should be administered by the MAC worker and fourth, the MAC worker should confirm that the desired effect has been achieved with the medication. This will often require the MAC worker to re-contact the RN to inform them of the effectiveness. For instance, if the MAC worker administers Zyprexa for severe agitated, manic behavior, the MASRN/LPN should provide guidance to advise them about the impact of the medication.

Over-the counter preparations may be administered to residents. The MAC worker should contact the MASRN/LPN in the event that the desired effect of the medication is not achieved, for instance, an individual who has a standing order for 30cc of Maalox for indigestion. If the resident continues to complain of pain after proper administration of medication, the MAC worker should be instructed to contact the supervising nurse to inform them of this occurrence with the resident. This reduces the likelihood that an unrecognized, secondary problem such as angina, remains unrecognized by the staff.

#### **4.9. Special Procedures**

The Alabama BON allows MAC workers to perform a number of special procedures under the supervision of a MAS-RN or MAS-LPN. The MAC worker is allowed to clean and monitor devices such as C-Pap machines, nebulizer machines, and other durable medical goods that are routinely used in the home environment. MAC workers are not allowed to manage complex devices such as home ventilators.

MAC workers are not allowed to provide PEG tube feedings and G-tube feedings, or home-based infusion services. PEG tube feedings require monitoring and supervision at the licensed level. Potential complications associated with displacement of a PEG tube are common and sometimes lethal. The PEG tube stoma is a direct conduit to the peritoneal cavity and requires monitoring as well as proper wound care. The BON believes that the risk-benefit ratio for PEG tube feedings by unlicensed staff is sufficiently high to warrant this prohibition.

Invasive catheter care such as insertion, removal, or flushing of urinary catheters can produce significant injury to the resident. Proper inflation or deflation of balloon, sterile technique during flushing and other interventions require skilled management. Monitoring of urinary output can be accomplished by unlicensed individuals.

## SECTION 5

### **GUIDANCE TO THE MEDICATION ADMINISTRATION SUPERVISING (MAS) NURSING STAFF ON THE MEDICATION ADMINISTRATION CERTIFICATION (MAC) EDUCATIONAL PROGRAM FOR ASSISTING PERSONS WITH MENTAL RETARDATION**

#### **5.1. Overview of the MAC Educational Program**

The MAC teaching syllabus (3.2) is the roadmap for education; however, your nursing skills and knowledge are the single, most important teaching tool in this program. The ADMHMR staff provides written material to assist in your teaching. We suggest that you have students review the material in advance and use the teaching outline as a discussion point to cover essential materials. This teaching program is meant to be a practical, educational curriculum that focuses on issues that are most relevant to your patient populations. Certain types of illnesses may be more common in your resident population and you may choose to spend more time talking about a specific subject. For instance, your home may have many persons with seizure disorders and you may choose to spend more time than allocated in this teaching program to discuss seizures. You are provided this flexibility to make this program appropriate to your residents. Although some forms of medication may not be administered in your facility, you must cover all forms with your MAC-1. You must cover each subject included in the core teaching guide. The depth of coverage and amount of time will depend upon your judgment.

Students must take and pass all test segments within this course. You should be sure that your student receives enough teaching over each course to assure that they pass the test. The MAC-1 certification will apply to all DMHMR certified facilities where the MAC worker may encounter medications or health problems that are not present in your resident population.

#### **5.2. Completion of MAC-1**

MAC-1 contains all didactic material necessary to understand hands-on training included with MAC-2. MAC-1 includes basic information about medication preparation and administration, as well as information about common health problems encountered in target populations. The training achieves three goals: 1) explains proper procedure for assistance with medications for persons with disabilities, 2) outlines documentation procedures to record administration and compliance with medications, and 3) defines methods to properly report suspected or real adverse effects produced by medications.

The MAC staffer also plays a valuable role in educating residents on the role of medication and which side effect to report. Individuals with cognitive disabilities often require constant reminders about indications and toxicities associated with medications. Major illnesses or classes of medications are covered in the course work. These segments allow MAC workers to properly monitor for potential side effects and provide basic education about medications through repetition of teaching provided by licensed staff. Both segments are important to MAC applicants and testing includes both bodies of knowledge.

#### **5.3. Guidance and Restrictions on Changing the Curriculum**

The NDP program is designed to provide maximum flexibility to facilities on educating staff. Certain core information must be covered in the course as seen in Segment 3.1 to 3.2. Each segment contains a section on medication administration and a second component on clinical issues, such as seizure disorders, hypertension, etc. Additional material is included at the back of the MAC training manual.

Additional material may be added to the MAC training program by the MAS instructor as long as the information does not conflict with information already available in the MAC program. Additional teaching or training should not conflict with existing handbooks or guides on administration of medications. The 12 areas of knowledge must be included in MAC-1 and the areas of competency must be included in MAC-2.

#### **5.4. Allowed Flexibility for MAC Educational Program**

The order in which MAC segments are presented can be rearranged to meet the needs of the teacher and the students. The scheduling and sequencing can be done at the local level to meet local scheduling needs.

The scheduling and sequencing of hands-on experiences shall be determined by local management and the MAS trainer. The number of students in attendance for the MAC didactic is unlimited. The number of students involved with the individual one-to-one mentoring should not exceed 8.

Clinical vignettes and clinical stories are encouraged for every aspect of the MAC training.

Many facilities have unique methods of administering medicines, recording it, and managing patients. This material can be added to the training program as additional information in either written or verbal form. Significant additions or deletions of other material should be cleared through the regional ADMHMR office.

The post-test cannot be changed to reflect alterations of the curriculum at the local level. The student is responsible for all material that is included in the test.

#### **5.5. Testing Procedures for the MAC Candidate**

We recommend that you administer a practice test after the completion of each unit that consists of three teaching segments. Open-book means that student can have access to their printed manual called “MAC Facts”. Students are not allowed to converse with each other or ask for your assistance in understanding the test questions. You are permitted to simply read the test questions or the case vignettes to the individual. You are not allowed to prompt the student or focus his/her attention on a potentially correct answer. Students are not allowed to talk with each other during the testing period.

#### **5.6. Dealing with Students who Fail the MAC Test**

Students may fail the didactic portion of this course for many reasons. Some workers may have difficulty with reading and learning. We recommend a verbal approach or a peer teaching method to reinforce essential knowledge. Do not teach to the test. Teach to the essential course work which is included in the test.

Some students may not pass the test because they lack focus or professional attitudes. These individuals may need additional counseling about the importance of their responsibilities and

the potential lethal outcomes produced by mistakes. The ADMHMR leadership and the BON leadership have determined that a MAC candidate can take the test three times. Following the third failure, the candidate is disqualified for 12 months. During that time period, the candidate can achieve the academic or technical skills to master the material.

#### **5.7. Essential Issues in Teaching the Practical Component (Part II)**

The number one goal for the Department of Mental Health and Mental Retardation, as well as the Alabama Board of Nursing is resident safety. Each teaching segment and practical session should focus on safety issues. You have three teaching objectives: 1) show the safe, professional method to assist with administration of medications, 2) train methods to avoid mistakes, and 3) educate on common side effects and contraindications to administration encountered during the course of medication administration. As an experienced nursing professional, you have seen many mistakes made during the course of administering medicines. Common errors such as misreading prescriptions, not double-checking preparations, and others are important to repeatedly discuss with the students.

Students must understand that mistakes with medication assistance can produce lethal outcomes for residents. For instance, failure to administer antiepileptic medication in an appropriately timely manner may cause the patient to suffer lethal seizures. Mistakes in administration of medications to an allergic patient may trigger anaphylactic reactions. By participating in the MAC program, these workers are accepting responsibilities for protecting their residents against potentially lethal outcomes. This concept must be clearly defined in educating the workers.

Medication administration errors can occur in any clinical setting. A medication administration error does not indicate incompetence, but does require investigation and correction. MAC workers must be trained to accurately report administration mistakes and adverse events.



## SECTION 6

### SELECTION AND PERIODIC EVALUATION OF CANDIDATES FOR MAC TRAINING BY THE MAS NURSING STAFF

#### 6.1. General Abilities

Residents with mental retardation depend on workers for medication safety. Candidates for MAC training should have adequate, intellectual and academic skills to assure safety in medication assistance to persons with serious mental illness or mental retardation. MAC candidates should have sufficient physical abilities to assure the capacity to assist with medication. Individuals must be able to read and write clearly. The MAC candidate should demonstrate the personal integrity, maturity, and empathy necessary to assist a disabled person with their medications. Staff should have sufficient knowledge of a MAC candidate to conclude that these persons demonstrate these basic professional qualities.

#### 6.2. Quarterly Assessment of the MAC Worker

The MAS-RN or LPN shall assess the performance of the MAC worker under their delegation authority on a quarterly basis. The nurse should meet with the worker to discuss the evaluation and suggest areas of improvement. The quarterly performance review will include four domains: 1) technical competence, 2) professionalism, 3) personal integrity, and 4) respect for residents' rights. All workers will be scored on a 1 to 5 scale with 1 indicating unacceptable, and five indicating outstanding.

**Technical Competence.** A technically competent MAC worker is an individual who can consistently assist with medications without serious errors. Any Category-3 error is considered to be serious and requires immediate re-evaluation. The technical competence includes ability to assist with medications, monitor for common side effects, ability to complete paperwork in a timely accurate manner, and adherence to dispensing regulations.

**Professionalism.** Professionalism is defined by the MAC worker's ability to assist the resident in taking their medications, provide encouragement, monitor for side effects, and offer basic help and encouragement as defined in the MAC Manual.

**Personal Integrity.** Integrity focuses on the worker's ability to abide by the self-reporting system for medication administration mistakes and resident confidentiality.

**Respect for Resident's Rights.** Respect for resident's rights evaluates the worker's ability to respect privacy and confidentiality. This measure evaluates the worker's respect for resident's rights and individual dignity as a human being.

#### 6.3. Assessing the Impact of Medication Administration Errors on MAC Status.

Each medication administration error must be evaluated on its individual merit. The occurrence of an administration error does not imply incompetent workers or negligent practices. Administration errors are common in all healthcare settings but these occurrences are not acceptable as standard practice. The MAS instructor should be promptly informed of

errors and provide a timely review of the circumstance. The MAS instructor must follow standard ADMHMR Q/A procedures for reporting and taking corrective or improvement actions to prevent future errors.

#### **6.4. Testing Procedures**

Testing is in open-book format using multiple choice questions. Some individuals may develop significant test anxiety or lack familiarity with multiple choice examinations. Teachers are allowed to read test questions to selected candidates. Teachers are not allowed to influence or prompt candidates on proper answers. The reading of test questions should be an exception rather than a standard of practice and this intervention should be noted on the answer sheet.

Students must achieve a 90% grade to pass the test. A retest can be administered by the instructor within 24 hours for those individuals who need additional time to study. Individuals are only allowed three attempts at the test before they are disqualified as MAC candidates. Individuals can reapply for MAC status at the end of 12 months if they have gathered additional experience.

The hard copy of the administered tests must be retained by the facility for at least five years. This medico-legal documents standard of care and supports the competency of the employee.



## SECTION 7

### INSTRUCTIONS FOR LICENSED PROFESSIONALS ON MANAGEMENT OF THE MAR AND MEDICATION ERRORS

#### 7.1. Reporting on MAR by the MAC Worker

The medication administration record is a medico-legal document that defines the pharmacological management for a particular resident or consumer. Only a licensed person can change a MAR including RN's, LPN's, pharmacists and physicians. Additions, deletions, or adjustments of written dosages must be performed by a licensed professional.

Changes to the MAR by unlicensed staff are considered a Category-1 error and must be reported to the ADMHMR quality assurance program. The medications assistance authorized personnel (MAC) should be re-educated immediately to prevent further incidents. This event should be immediately reported to the medication assistance supervising RN (MAS-RN).

#### 7.2. Reporting of Medication Error to MAS-RN

The MAS nurse for a particular MAC staff person must be notified of errors committed by staff for mistakes that have occurred. The facility administrator must notify the nurse within 24 hours of a Level 2 or Level 3 error as well as reporting the error(s) to the ADMHMR regional office. The administration must report all Level 1 errors to the MAS nurse and the ADMHMR regional office within 72 HOURS. A particular MAC staff member is charged with a Category 1 error when the error occurred as a result of their failure to complete appropriate service. For example, a staff person who fails to administer a medication to a patient within the specified time frame will be charged with an error; however, failure to administer a medication because the patient was not returned promptly to the facility for meds is not a chargeable error. MAC staff who commit more than three errors in a week or five errors in a month should be reassessed.

#### 7.3. The Assessment of Medication Error Committed by a MAC Worker

Medication errors occur in all settings. A medication error does not imply that a worker is incompetent, careless or unsafe. Repeated errors despite re-education or flagrant, reckless behavior that causes risk to residents require immediate action for correction or termination from the MAC program. Different organizations have different consumer mixtures and unique levels of staff support needs. The overall management of medication errors is best determined at the facility level; however, the Department provides broad guidance to assure consistency across systems. The MAS-RN/LPN has ultimate authority to de-certify a MAC worker for medication errors.

#### 7.4. The Expected Response by Management to Category 2 or Category 3 Errors by a MAC Worker

The facility director and the MAS-RN will assess any Category 2 or Category 3 errors within 24 hours of discovery of the incident. The MAC staffer committing the Category 3 error must be suspended from administration of medication until the management staff is satisfied that the worker is capable of resuming MAC responsibilities or until the staffer is permanently relieved of MAC responsibilities. MAC staffers committing a Category 2 error should be suspended until clarification; however, this decision can be made at the facility level. The investigation and remedial actions should be included in the staffers credentialing packet for review by

accreditation staffers. Details of the incident, HIPPA-protected information and other data should not need to be included in this packet.

**7.5. Required Record Keeping for MAC Employees by Management**

Each MAC staffer within their organization must have a MAC accreditation packet at the facility. These records must be stored for at least five years for medical-legal reasons. A MAC record will include MAC 1 and 2 certification documentation, quarterly evaluations, evidence of ongoing education and quality assurance, remedial action undertaken by the MAS-RN, and results of remediation. These documents must be available for the ADMHMR surveyors.

**7.6. Dealing with Verbal Orders**

Verbal orders from physicians, nurse practitioners, or other healthcare professionals cannot be taken by MAC staff. A MAC staff can accept a prescription on behalf of a patient or receive a faxed medication change with transmission of that information to the responsible, licensed staff person.

The MAC staffer cannot change the order or implement the action without conferring with the nurse. For instance, a physician's office calls to inform the facility that a patient has a high Dilantin level and they want the next two doses held. The MAC staffer must immediately notify the nurse of this change and receive directions to follow the instruction.

**7.7. Guidelines for Emergency Instructions**

Emergency instructions provided to a MAC staffer by a physician to hold or discontinue a medication can be implemented while the MAC staff attempts to contact the supervising licensed staff. An emergency situation exists when administration of the medication may potentially cause harm and the MAC staffer cannot immediately verify this decision with the licensed person. Emergency hold or discontinued orders should not be common and this procedure should not be used to circumvent the standard operating procedure under then NDP. The MAC staffer cannot routinely change or administer medications on the emergency basis. They must have authorization from their nurse prior to initiating this action. In the event that the patient needs an emergency medical intervention, that patient should be transported to the emergency room.

**7.8. Rationale for Limitations on the Administration of PRN Medications**

The BON makes a clear distinction between mechanical performances of a specific act, e.g., injection of insulin, and the decisional process required to determine whether administration of that medication is appropriate and safe for the individual. For instance, the administration of a PRN medication for agitation, such as providing 1mgm of PO Ativan for an agitated patient, carries significant responsibility. The person who administers the medication must determine that the consumer is in need of the medication. Consumers may become agitated for a wide range of reasons including mental distress, medical problems, pain, and other issues that may not benefit from administration of the PRN medication. For this reason, the BON has limited the administration of PRNs to standard over-the-counter preparations for which there is a valid order provided by a physician.

## **SECTION 8**

### **INSTRUCTIONS TO THE MAS STAFF ON DEALING WITH ADMINISTRATIVE CHANGES IN A RESIDENT WITH MENTAL RETARDATION**

#### **8.1. Overview:**

A resident may have a change in residential status that may impact care provided by a MAC worker. Individuals who are transferred to the hospital or returned from the hospital may have immediate needs that require attention of the MAC worker or the MAS nurse. Individuals who are discharged from the residence may need their medication for home use. Individuals leaving on a temporary visit with family, day-visit, or extended home visit may require assistance with medications during the exit process and the worker should be alert to specific issues when the resident returns from the visit. Day trips may be an issue for individuals who receive medications on a scheduled basis.

The MAC worker must be alert to problems with non-compliance or medication errors while the individual is out of the home. The MAC worker is not responsible to assure compliance when the patient is out of the facility but they need to know when problems occurred during temporary visits and other times when the resident was not physically present within the residence. Each facility should develop a system for assuring that appropriate medications leave with the resident, compliance occurred during time out of the residence, and that the resident resumed his medications in an orderly fashion when returning to the residence.

Most residents do not remain in their residential facility at all times. Residents may go for outings, visits at home or longer stays for family functions such as reunions. Residents may also require hospitalization for health problems. Each of these events can produce a situation where the resident doesn't get their medicine on schedule or may not receive some medicines at all. In other circumstances, residents may get new medicines and even receive medicines that the MAC staff does not know have been administered. For instance, a resident who visits with the family and develops diarrhea may be given diarrhea medicine by the family that causes behavioral changes in the patient. A resident who goes home and catches a cold may be given cold preparations that make him sleepy or agitated. The MAC staff should be alert to the fact that anytime a resident leaves the facility for more than a few hours, there is a possibility that medicines were changed or not administered.

#### **8.2. Dealing with Residents who Require Hospital Care**

Individuals with mental retardation often require hospital care and they often return with significantly different medications than prior to hospitalization. The registered nurse will need to change the MAR and instruct the worker on the new drug protocol for the resident. Each MAC worker should be alerted to the change in the medications and alteration of the MAR. New medications can produce new side effects and new challenges for the MAS/MAC team. These issues must be defined by the licensed staff and clearly communicated to the MAC worker in order to assure that new medications are appropriately administered. For instance, a consumer who returns from the hospital for treatment of pneumonia and receives a new nebulizer treatment. That resident may have problems with compliance with the inhaled

therapy. The registered nurse will be responsible to assess for potential problems with administration and alert the MAC workers on ways to maximize treatment.

Anytime a consumer returns from the hospital, the MAS nurse must review the medicines to make sure that the MAR agrees with the discharged medicines. Anytime a consumer goes to the doctor and returns with a new prescription, the MAS nurse must supervise any medicine changes. Sometimes a doctor will call from the office to stop a medicine. The MAC worker cannot take an order over the telephone and this must be relayed to the nurse. Only the MAS nurse can accept a telephone order from the doctor. Doctors should be encouraged to send written orders or fax their orders to assure clear communication.

The residential team should know when each of the last doses of medication was administered on discharge from the hospital or return to the residence. Consumers are often prepared for discharge from a hospital in the morning but do not arrive in the residence until the afternoon. These individuals may have missed several important doses of medication. The nursing staff will confer with the doctor to decide how to fix that problem. The MAC staff should not attempt to fix or make up for missed doses.

Residents who are transferred to the hospital must arrive with critical information about their medications. Some residents become sick prior to hospitalization and may have missed several doses prior to admission. The MAC staff is responsible to alert the MAS nurse about medication status immediately prior to transfer. Communication with the hospital staff should be channeled through the MAS nurse.

MAC staff should communicate medication information to emergency medical services staff when they are called to the facility for transfer. MAC staff should always include key information such as drug allergies, etc.

### **8.3. Managing Residents During Temp Visits out of the Residence**

Individuals may leave on a temp visit for a limited time period, such as one or two days, during which the individual's medications may not have been altered. Family or other individuals may administer medications on schedule; however, non-compliance may be a problem and other medications may have been given to the consumer for new problems, e.g., Tylenol for pain, cold preparation for a home-acquired respiratory tract infection. These medications may produce new side effects and interact with the previously prescribed and stabilized medications. The MAC worker should always inquire as to the precise dosing schedule, compliance with dosing schedule, and when the consumer received their last dose of medication. The MAC worker should also inquire as to whether any new over-the-counter preparations were given to the consumer for perceived new health problems.

### **8.4. Dealing with Medication Changes Occurring from a Doctor's Office Visits**

A resident should be accompanied to the physician's office by a worker who is familiar with the resident and a complete set of medication administration records. The resident's record should note problems with compliance and other issues, such as rumination or regurgitation. MAC staff cannot take verbal orders but they can relay written instructions or orders to the licensed staff.

### **8.5. Managing Controlled Substances**

Controlled substances are always a potential problem whenever a consumer leaves the security of the residence. Narcotics, psychostimulants, and benzodiazepines are commonly abused in all segments of society. Abrupt cessation of narcotics or benzodiazepines may produce withdrawal like symptoms within 48 hours of cessation. Individuals who leave on a 2-day visit and fail to receive controlled substances may experience withdrawal upon return. The MAC staff should be trained to observe and report any change in status on return from visits.

Controlled substances, such as narcotics, tranquilizers and stimulants, such as Ritalin or Adderall, have great value on the street. Most families are very honest and safeguard their resident and the resident's medications. Occasionally, a resident's pills may be used by someone else for other reasons. Staff should be aware of the fact that sudden discontinuation of narcotics or nerve pills, such Xanax, Valium or Librium can produce a withdrawal syndrome that includes agitation, nervousness, restlessness and insomnia in all patients. Individuals who are not capable of reporting how they got medications may not be able to inform staff that they did not get pills administered on schedule.



## SECTION 9

### UNDERSTANDING DISPENSING AND ADMINISTRATION OF MEDICATIONS

#### 9.1. Overview

Medications are an essential part of treatment offered by healthcare professionals caring for persons with mental illness, mental retardation, and substance abuse. Dispensing of medications is controlled by the Alabama Board of Pharmacy, while administration of medications is regulated by the Alabama Board of Nursing for individuals who are not residing at home. Individuals and family members can self-administer medications; however, individuals residing in any type of community facility must adhere to state regulations.

#### 9.2. Understanding Pharmacy Rules

Dispensing regulations require that all medications be dispensed from a stock bottle to a second labeled container by a pharmacist. Re-labeling of medications by other individuals is not allowed under Alabama Board of Pharmacy (BOP) regulations. Pharmacists can pre-fill medications boxes or blister packs with appropriate labeling and controls. Nurses can pre-fill medication boxes as long as the nurse will administer each medication contained within the box.

The goals of the dispensing and administration regulations are to assure that individuals correctly receive medications prescribed by doctors. These procedures adhere to all BON and BOP regulations.

#### 9.3. Prefilling Medication Organizers

Individuals who are capable of medication self-administering are capable of pre-filling their own medication boxes in the same manner that many individuals pre-fill medicine boxes at home to assist with compliance. A nurse may sit with a consumer while that individual fills his medicine box. The nurse is not responsible for administration of those medications. This individual is responsible for his own medications. A MAC worker may assist the consumer in taking medicines that the consumer has placed in the box by reminders and education but the MAC worker cannot administer those pills to the resident according to BOP and BON regulations.

A MAC worker may remove pills from properly labeled bottles and assist the individual in taking his medicines from his bottle. A MAC worker may punch appropriately labeled blister packs and give the medication to the resident. BOP regulations forbid MAC workers from placing pills into any new containers.

Nurses may preload boxes with blister pack medications that continue to carry the appropriate name, dosage, and other vital information. Either the resident or the MAC worker may double-check that medicine against the MAR to assure that they take the required medications at the appropriate time. Once the medicine is punched, it must be immediately administered to the resident.

Nursing service cannot pre-fill medications boxes with unlabeled medications and then allow other parties, including MAC workers, to administer those medications. The medication must be recognizable to the MAC worker at the time of consumption by the resident.



## SECTION 10

### MONITORING FOR SIDE EFFECTS

A licensed professional may not be physically present in a building during the administration of medications. MAC workers must immediately notify a licensed professional about any significant change in the clinical status of a resident. The MAC worker is not authorized to evaluate residents; however, the MAS-RN will provide each MAC worker with basic guidance on when to call the nurse prior to administering medications.

#### **10.1. Guidance for Withholding a Resident's Medications by a MAC Worker**

A MAC worker may withhold medications while they call their supervising nurse. This communication should occur within two hours of the dose administration. For example, a drowsy consumer may not receive a routine dose of Dilantin while the MAC worker calls for advice. The MAC worker immediately reports to the MAS-RN/LPN.

#### **10.2. Use of Structured Check Lists**

Each MAC worker is provided specific checklists that cover major issues such as consumer appearance, change in behavior, or vital sign alterations. Persons with mental retardation often lack the capacity to inform the MAC worker about new physical complaints and consequently, the MAC worker may need to depend upon their knowledge of the resident to determine whether to call the nurse before administering medications.



## **SECTION 11**

### **THE RESIDENT AND FAMILY CAREGIVER'S RIGHTS AND RESPONSIBILITIES**

The resident or family caregivers have the right to understand the professional qualifications of individuals who assist with medications. The residential facility has responsibility to inform the resident or legal guardian about the use of medication assistance certification professionals in the care of the individual. The resident or legal representative has the right to decline services provided through the medication assistance certification (MAC) system. These individuals may choose to seek alternative residential programming for their loved ones.

Decision for capacity to self-medicate is a clinical decision made by the clinical treatment team. The wishes and opinions of the individual resident should be carefully considered during the decision-making process; however, the three-step test is not subject to resident appeal. Residents must have the capacity to meet the three-step qualifications in order to self-medicate.

Many residents achieve the capacity to self-medicate over time and this status can be reassessed on a regular basis.

Family caregivers are not authorized to administer medications or treatments to residents of residential facilities certified by the Alabama DMH/MR.

Medication self-administration is a major component to self-determination and autonomy. The Department strives to maximize independence and autonomy for all residents; however, the Department and the community programs it certifies are bound to follow state regulations on the administration of medication. Questions concerning self-determination and autonomy can be referred to the Department's Office of Advocacy 1-800-367-0955.



**CHECKLIST 1****Common Changes in a Resident's Mental Status with Mental Retardation that Require Immediate Attention**

<b>The Resident Appears:</b>	<b>Possible Explanation</b>	<b>Suggested Actions</b>
Sleepy	Infection, drug toxicity, seizures, low blood pressure, low oxygen, low blood sugar, drug intoxication*	
Irritable	Pain, drug toxicity, low blood sugar, drug ingestion*	
Confused	Drug toxicity, low oxygen, low blood pressure, seizure, low blood sugar, drug intoxication*	
Agitated or Aggressive	Drug toxicity, new health problem causing pain, seizures, low blood sugar, constipation, drug use*	

\* Illegal street drugs or alcohol

**NOTES:**



**CHECKLIST 2****Important Behavioral Changes in Residents with  
Mental Retardation that Require Immediate Attention**

<b>The Resident Won't:</b>	<b>Possible Explanation</b>	<b>Suggested Actions</b>
Walk	Pain, broken bone, stroke, heart problems, excess sedation, drug overdose	
Talk	Stroke, excess sedation, drug overdose	
Eat	Stroke, stomach problems, bowel problems, dental problems, infection, broken tooth, cut tongue	
Wake Up	Stroke, medication overdose, drug overdose, health emergency, drug overdose	

**NOTES:**





**CHECKLIST 3****Important Changes in Vital Signs of Residents with Mental Retardation that Require Immediate Attention**

<b>Vital Sign Change</b>	<b>Normal</b>	<b>Immediate Report Level</b>	<b>Common Possible Causes</b>
High blood pressure*	Top – 90 to 140 Bottom – 60 to 90	Top – over 160 Bottom – over 100	Pain, fear, anxiety, medication side effect, seizure, non-compliance with high blood pressure medication, drug intoxication
Low blood pressure*	Top – 90 to 140 Bottom – 60 to 90	Top – less than 90 Bottom-less than 60	Internal bleeding, dehydration, heart problems, drug reactions, excessive medications for high blood pressure, drug intoxication
Fast Pulse at Rest	60 to 90	Over 90	Pain, fear, drug reactions, seizures, heart problems, internal bleeding, drug intoxication
Slow Pulse	60 to 90	Below 60	Heart problems, drug side effects, drug overdose
Fast Breathing at Rest	12 to 16	Over 16	Asthma, pain, fear, lung disease, heart problems, seizures, low oxygen in blood, pneumonia, drug overdose
Slow Breathing while awake	12 to 16	Below 8	Excessive sedation, brain emergency, low blood sugar, drug overdose
High Temperature	97 to 100	> 100	Infection, drug reaction, heat stroke
Low Temperature	97-100	< 97	Shock, severe infections

\*Systolic = top number

\*Dystolic = bottom number

**NOTES:**



## Terminology

1. **NDP** (Nurse Delegation Program) – a general term that refers to the entire system that allows non-licensed persons to assist licensed nursing professionals in the administration of medications.
2. **MAS** – Medication assistance supervising nurse. This term refers to registered nurses or LPN's who have undergone four hours of training, successfully completed the test, and are capable of delegating assistance responsibility to non-licensed healthcare workers.
3. **MAC** – Medication assistance certified workers. MAC workers are any individuals with a high school education who has undergone 24 hours of MAC training and has passed Level-1 and Level-2 examinations.
4. **MATT** – Medication assistance train-the-trainer. Individuals within specific organizations who are certified to train MAS staff. MATT workers take two additional hours of education in addition to the basic MAS training and must pass an additional test beyond the MAS examination.
5. **BON** – Board of Nursing. An agency within the state of Alabama government that regulates nursing services. All nurses practicing in Alabama must adhere to BON regulations.
6. **BOP** – Board of Pharmacy. An Alabama state organization that regulates the practice of pharmacy administration of medications. All medications must be dispensed in accordance of BOP regulations.
7. **MAC-1**. Medication assistance certification – Level 1. A course of 12 hours that covers basic information that can be used in all treatment settings. The MAC-1 certificate is good in any facility certified by the Department of Mental Health and Mental Retardation.
8. **MAC-2**. The hands-on training provided by the MAS nurse to assure that a person is competent to perform basic skills within a designated organization. MAC-2 certification is only good for specific organizations or facilities.
9. **DMHMR** – the Alabama Department of Mental Health and Mental Retardation. A cabinet-level state organization that has the authority to certify and reimburse facilities for residential care provided to persons with mental illness, mental retardation, or substance abuse.
10. **HIPAA** – Health Insurance Portability And Accountability Act. A federal act and its implementing regulations that protect the privacy of individuals and limit the distribution of confidential health information.
11. **MAR** – Medication Administration Record. An official, legal document that details the medications provided to a resident as well as their administration in effect. Only a licensed nurse can change a MAR or BOP rules in Alabama. The MAC worker may state whether a specific resident took a medication at any particular time.



## KEY TO SPECIFIC DOCUMENTS IN THE NDP SYSTEM

NDP	DOCUMENT
1	MATT MANUAL
2	MAS MANUAL
3	MAC MANUAL (3.1, 3.2, 3.3 MR SLIDES, 3.4 MI/SA SLIDE)
4	MAC FACTS
5	NDP OPERATING MANUAL
6	NDP ATTENDANCE SHEETS
7	MAC TEST
8	MAS TEST
9	MAT TEST
10	STAFF EVALUATON FORMS



## NOTES

